

**2008 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**

**Apr 25, 2008 08:00 AM  
Secretary of State**

**DOCUMENT # P01000019242**

1. Entity Name  
**OLYMPIA CLOSING SERVICES, INC.**



Principal Place of Business

9112 ALTERNATE A1A  
SUITE 214  
NORTH PALM BEACH, FL 33403

Mailing Address

9112 ALTERNATE A1A  
SUITE 214  
NORTH PALM BEACH, FL 33403



04242008 No Chg-P CR2E034 (11/05)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**65-1078412**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional  
Fee Required**

6. Name and Address of Current Registered Agent

MINNS, MYLES  
2240 PALM BEACH LAKES BLVD.  
SUITE 400  
WEST PALM BEACH, FL 33409

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2008 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00 May Be  
Added to Fees**

U000000922447  
05/15/08-80048-002 150.00

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
DP  
MINNS, MYLES  
2240 PALM BEACH LAKES BLVD. #400  
WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
ST  
EARLE, JODI  
2240 PALM BCH LAKES BLVD 400  
WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
MINNS, KATHY  
2240 PALM BCH LAKES BLVD 400  
WEST PALM BEACH, FL 33409+

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP  
VP  
INMAN, SONDR  
2240 PALM BCH LAKES BLVD 400  
WEST PALM BEACH, FL 33409

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes, and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

*Myles Minns*  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

*Myles Minns* 4/24/08 561-689-4766  
Date Daytime Phone #